


02-04-02

A/RE

Please type a plus sign (+) inside this box PTO/SB/50 (02-01)
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.

TS97-306

First Named Inventor

JANE

Original Patent Number

6019906

Original Patent Issue Date
(Month/Day/Year)

2/1/00

Express Mail Label No.

EVO2763434705

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☒ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☒ Written Consent of all Assignees (PTO/SB/53)
 - ☒ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
11. ☐ Original U.S. Patent for surrender
 - ☐ Ribboned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119) (if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
14. ☐ English Translation of Reissue Oath/Declaration (if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
17. Other:

18. CORRESPONDENCE ADDRESS



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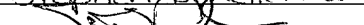
NAME (Print Type)

Stephen B. Ackerman

Registration No. (Attorney/Agent)

37,761

Signature



Date

2/1/02

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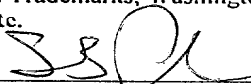
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02/01/02

J1054 U.S. PTO

PTO/SB/56 (02-01)

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

7597-306

Claims as Filed - Part 1

| Claims in Patent | | Number Filed in Reissue Application | (3) Number Extra | Small Entity | | Other than a Small Entity | |
|----------------------------|--|-------------------------------------|---------------------|--------------|-----|---------------------------|---------------|
| | | | | Rate | Fee | Rate | Fee |
| (A) 16 | Total Claims (37 CFR 1.16(j)) | (B) 27 | **** 7 = | x \$ | = | OR | x \$ 18 = 126 |
| (C) 2 | Independent claims (37 CFR 1.16(i)) | (D) 2 | * 0 = | x \$ | = | | x \$ = |
| Basic Fee (37 CFR 1.16(h)) | | | | \$ 740 | | | \$ 740 |
| Total Filing Fee | | | | \$ | | OR | \$ 866 |

Claims as Amended - Part 2

| | (1) Claims Remaining After Amendment | | (2) Highest Number Previously Paid For | (3) Extra Claims Present | Small Entity | | Other than a Small Entity | |
|-------------------------------------|---|-------|---|-----------------------------|--------------|-----|---------------------------|-----|
| | | | | | Rate | Fee | Rate | Fee |
| Total Claims (37 CFR 1.16(j)) | *** | MINUS | ** | * = | x \$ | = | x \$ = | |
| Independent Claims (37 CFR 1.16(i)) | *** | MINUS | ***** | = | x \$ | = | x \$ = | |
| Total Additional Fee | | | | | \$ | | OR | \$ |

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.☒ Please charge Deposit Account No. 19-0033 in the amount of 866.
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 19-0033.
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**2/1/02
Date

Signature of Applicant, Attorney or Agent of Record

Stephen B. Ackerman, Reg. #37,761
Typed or printed name